

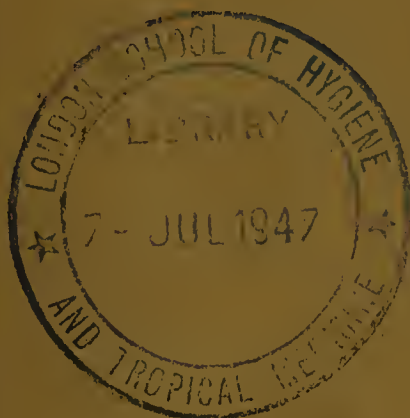


TANGANYIKA TERRITORY

Annual Report of the Medical Department

for the year ended 31st December

1942



1943

DAR ES SALAAM

PRINTED BY THE GOVERNMENT PRINTER

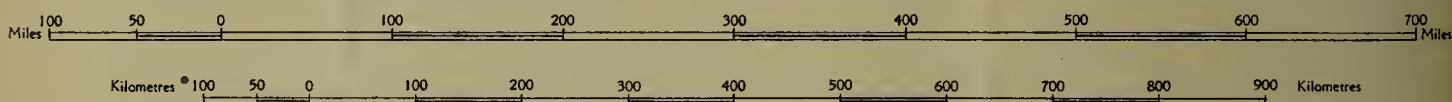
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TANGANYIKA TERRITORY

MEDICAL ADMINISTRATION MAP



Drawn & Printed by Survey Div. D.S.M. 1941.
Reprint July 1943.



Reference

- | | |
|---------------------------------------|---|
| Provincial Medical Headquarters.....■ | Boundaries, Inter-territorial.....+++++ |
| Medical Officers' stations.....● | " Provincial.....----- |
| Other medical stations.....○ | Main roads.....= |
| Other towns.....— | Secondary and dry weather roads.....- - - |

TANGANYIKA TERRITORY

Abridged Annual Report of the Medical Department for 1942

1. *Maintenance of Medical Services in War-time.*—The medical services of the Territory are still affected by the secondment of staff to the Forces and the increased volume of work arising directly from the war.

2. The strong conviction is growing that the strain imposed by high pressure working, separation from close relatives, long delay in the receipt of mails and the extreme difficulty in some cases of securing a restful holiday in a different environment, are gradually having their insidious effect on the mental health of the non-native population, and the medical service is no exception. Allowance must necessarily be made in dealing with personnel so affected, and the importance of securing a restful change of environment must continually be impressed on employer and employee alike.

3. Eleven of the medical staff and seven health inspectors as well as some 127 of the African personnel are still with the Forces, though we have been fortunate in securing the services of five new doctors and some other personnel.

4. Close liaison with naval, military and air-force medical personnel is maintained and public health measures, including malaria control outside actual camps and cantonments, are supervised generally by the civil staff. Sick members of the Forces needing hospital treatment are admitted to the civil hospitals. A small hospital (six beds) is maintained by the military authorities at Dodoma with the assistance of the civil medical staff. Help is also given to the military authorities in connection with medical boards, pension assessments, military sitting boards, and with the care of pupils at the military technical school at Bukoba and the medical examination of personnel of the Defence Force. Similar assistance is afforded to the Royal Naval Air Service as required and a medical officer is commissioned for part-time service with the Tanganyika Naval Volunteer Force. Medical stores are issued on repayment to the Army and Air Force authorities as required.

5. The medical care and hygiene of the large numbers of interned persons and refugees (see appendix) necessitated the secondment in October of a health officer (Dr. B. O. Wilkin) for these duties, and throw an additional strain on the personnel and medical stores of the Territory.

6. *Medical Work.*—The number of patients treated continued its upward trend during the year (see appendix, Table A). The load of additional work arising from the medical examination of recruits for the Forces and for essential industries takes a heavy toll of the time of the hospital staffs. The examination of these large numbers of men has shown the very low standard of health obtaining in the African population in most areas, which is largely attributable to poor and irregular feeding, and to infestation with worms, especially bilharzia. The Senior Medical Officer of the Southern Province considers that much of the poor physique and low body weight would be improved if the population could get "a square meal".

7. A useful summary of the findings in 1,127 men selected as not obviously unfit recruits from six tribes living at altitudes between 3,000 and 9,000 in the Njombe and Mbeya districts, was made by Dr. H. T. H. Wilson. Average weights lay between 129 lb. and 133½ lb. Signs of minor vitamin A deficiency were fairly common. *Taenia* infestation was general (9-16 per cent) and did not appear to affect the health or physical development. Schistosomiasis was high (3-6 per cent) in the Njombe tribes. Ankylostomiasis was generally low. The splenic index was 10 in two tribes, some of whom live on the shores of Lake Nyasa. Venereal diseases were not common.

8. To the serious epidemic of cerebro-spinal meningitis must be ascribed the heavy increase in deaths in government institutions (1,109 as compared with 663 in 1941 for all infectious and parasitic diseases). Of these the surface inoculation and droplet infection group accounted for 631 deaths. The relative proportions of the different groups of diseases remained significantly close to those of 1941. (See Table A.)

9. Supervision of the work of the Native Authority dispensaries is maintained through the provincial medical staff, though this is still far from adequate. A medical officer was posted for the first time to Masailand and stationed at Mondul.

10. It is regrettable, but true, that the expansion of work in many of the branches of the department's activities without corresponding increase of supervisory staff, leads to less satisfactory quality of work; patients cannot all in such circumstances receive that careful attention which we should like to give them. Better supervision of subordinate personnel throughout the department is our greatest need.

11. *Mental Hospitals.*—At Dodoma Mental Hospital a ward for patients needing treatment for non-mental conditions was provided. Treatment of selected cases of mental disease by electric convulsant shock therapy was begun and is giving good results. The medical officer in charge (Dr. Foley) visited Southern Rhodesia to study the technique of this form of treatment. This institution now has accommodation for four Europeans, nine Asians and 156 Africans, and more is required. At Lutindi the water supply has been greatly improved by the installation of a hydraulic ram, and an extension to accommodate 20 patients is under construction.

12. *Maternity and Child Welfare.*—A new maternity block was opened at Mwanza hospital in February, resulting in increased and more regular attendance. In Bukoba a Native Authority clinic was opened in May at Kalema, and became very popular. Figures for confinements conducted at Government and aided mission clinics are given in the Appendix (4) (b).

13. *Dental Treatment.*—The professional and clerical demands have been heavy and have thrown a severe strain on the small staff which has not been increased since 1929. African recruits from rural parts of the Territory who received treatment during the year appear to be as diseased dentally as the town dweller. Attendances for dental treatment by the Senior Dental Surgeon at Dar es Salaam, and by the Dental Surgeon at Tanga and in the Northern, Lake, Central, Western and Southern Highlands provinces which he visited during the course of two safaris, are shown in the Appendix.

14. *Radiographic Plants* have been maintained in use at Dar es Salaam, Tanga, Tabora, Mwanza and Moshi during the year. A modern mobile shockproof unit has been installed in Moshi. Units for Chunya and the Native Hospital, Dar es Salaam, are on order but the war has delayed deliveries. Films were not available for nine weeks in January, February and May as a result of losses at sea and the work for the year was thereby reduced to some extent.

15. *New Buildings*.—At the European Hospital, Dar es Salaam, the open space under the isolation wards was converted into an out-patient block comprising six rooms. A hot water system was at long last installed. The new administrative block at Arusha was completed and occupied early in the year. At Mbeya Native Hospital a new ward was completed. At Tukuyu a new ward for women and a house for the senior Hospital Assistant were erected. At Njombe a mortuary and a new hospital kitchen were built. At Lindi a 20-bed ward, laundry, kitchen and sanitary blocks were added, and a site selected for a new hospital, the need for which needs no emphasis, to be erected after the war. At Kilwa two temporary wards, a sanitary block and a mortuary were provided.

16. Two new dispensaries with twenty-five beds between them were opened in the Karagwe tin mining area, one-hundred miles west of Bukoba, under experienced hospital assistants. They are regularly served by an ambulance and visited by the Medical Officer at Bukoba and have been greatly appreciated in this hitherto unserved area. To one of them come a large number of patients from the Uganda side of the border which it adjoins. Over 10,000 patients were treated in the second half of the year.

17. *Labour*.—The medical officer (Dr. K. C. Charron) newly appointed as specialist for labour duties spent 143 days visiting the important employment areas in order to become acquainted with the problems peculiar to the different districts. Special attention was paid to nutrition, housing, sanitation, the provision of medical facilities and the incidence of disease and accidents, with a view to securing a better output and reducing absenteeism arising from malnutrition, sickness and accidents among workers. Information has been collected for a booklet for the guidance of industrial employers in organizing their medical and sanitary arrangements. Proposals for the definition of the expression "Proper Feeding" in the Master and Native Servants Ordinance were submitted to the Labour Board and recommended for incorporation in the law. These include the definition by regulation of minimum values for the calories, protein, fat, carbohydrate, salt, iron and vitamins A, B¹ and C required to provide a dietary which would be acceptable in a court as "proper feeding." Tables of values for the foodstuffs commonly purchased by or for labour were submitted for incorporation in the regulations to enable employers to ensure that the dietary they provide for their labour shall comply with the law.

18. *Health of Prisoners*.—A larger number of admissions to prison coincided with an increased number of admissions to hospital and a rather higher death rate than in the exceptionally good years of 1940 to 1941. The old Dar es Salaam prison, built as a summer palace for the Sultan of Zanzibar in 1860, was evacuated on the 28th February and the inmates transferred to the new prison camp at Msasani some two miles from the town.

19. *Deficiency Diseases*.—A small outbreak of beri-beri in the Usambara mountains (Tanga Province) was discovered towards the end of June. This disease is not unknown in the area and seems to coincide with the period just before the fresh crop of maize is ready; the prohibition of the manufacture of native beer may also have had some bearing. Propaganda with regard to feeding was undertaken and the people were again allowed to brew beer. No further cases of avitaminosis were reported from the Lindi Police. To bad food conditions in 1941 and 1942 was attributed the large increase of ulcers treated at the medical units of the U.M.C.A. in the Masasi diocese.

20. *Missions*.—A larger measure of assistance is being given to missionary medical work where fully qualified personnel are employed. Seventeen missionary doctors were in residence, of whom six possessed British qualifications. Three of the missionary bodies operating in the Territory have received additional doctors during the year. Dr. Mary Gibbons of the U.M.C.A., Minaki, was awarded the O.B.E. The sharing of medical work with missions is most effectively carried out in the Southern Province.

21. *Medical Stores*.—Only small quantities of stores were lost through enemy action, but these included four microscopes and a quantity of X-ray films; shortages have occurred from time to time owing to long delay between indenting and the arrival of stores, but we have been able to cope with demands to a satisfactory extent, though the supplying of stores for internee and refugee camps made a severe drain on our reserves. The value of the stocks held has been greatly increased and that of the "reserve" stock was £8,000, and of the moving stocks £23,700, at the end of the year.

22. *Cinchona Products*.—The factory for the production of totaquina from cinchona bark grown in the Usambara Mountains came into production in October and was producing a tablet of very good quality by the end of the year. The quinine content is about 29 per cent, more than double that required by the British Pharmacopoeia.

23. Up till 12th May sales of quinine and totaquina tablets at Post Offices throughout Tanganyika were unrestricted. Since then quinine tablets may only be purchased with a permit signed by a government medical officer. Sales of totaquina remain unrestricted. Both are sold by the single tablet at six cents for quinine and two and a half cents for totaquina. Re-sale of cinchona products purchased at a Post Office is an offence under the Defence Regulations.

24. *Laboratories*.—At the laboratory of the Government Analyst important chemical work has continued, particularly in connection with the production of totaquina and of vitamin-containing foodstuffs. Materials for road construction have also been the subject of detailed examination, and the preparation and examination of substitute materials for imported articles have received much attention. The training of African assistants in this branch of work continues to make progress. The number of routine samples was much reduced; the exceptionally large number of ghee samples examined in 1941 was not required again.

25. The pathological laboratory services continued to work under high pressure during the year as a result of staff shortage, increase in routine work and in examinations in respect of recruits. The Senior Pathologist has also carried out much work in the organization and training of the casualty services and the St. John Ambulance Brigade. Five laboratory assistants were

under training during the year, one of whom was posted to Mbeya. The shortage of microscopes for the expanding work was accentuated by the loss of four instruments through enemy action at sea. Smallpox vaccine lymph made at Mpwapwa under the supervision of Captain G. H. Blaker was supplied to Southern Rhodesia, Zanzibar and Nyasaland.

26. During the year 15,923 more specimens were examined at the Central and Sewa Haji laboratories at Dar es Salaam and the branch laboratories at Mpwapwa and Tanga compared with 1941 which was a record year. Work done in the temporary refugee camp and the malaria laboratory at Dar es Salaam has not been included in the above figures.

27. *Training of African Staff*.—The training of African staff continues, but is hampered by the lack of suitable buildings; and ways and means are being examined of expanding essential training, particularly of African women as nurses and of African dental assistants. Six hospital assistants passed their final examination in December after a three years' course in Dar es Salaam. Two Tanganyika students in Uganda passed the qualifying examination of the Joint East African Examining Board in Medicine in December; one, the son of a senior hospital orderly in the Department, obtained distinction and was awarded the Owen medal in midwifery. There are now four of these men licensed as medical practitioners in the service of Government.

28. *Publications*.—Medical pamphlet No. 10 on malaria, for the lay public, was revised and abridged; it was also translated into Italian for distribution among Italian evacuees. Pamphlet No. 13 on Malaria, for medical practitioners, issued in 1935, was thoroughly revised for re-issue as No. 37. A leaflet "Health in Africa" giving elementary facts on the care of health in this country, was issued in English and Polish for the refugees.

29. *St. John Ambulance*.—The activities of the St. John Ambulance Association and of the Brigade Overseas continued among all communities during the year; 176 persons obtained certificates in First Aid and 48 in Home Nursing. The Territory's thanks are due to all those who have given up their spare time to do this work, which is of such great value to the community in a country such as this, both in peace and war. The Brigade plays an essential part in the civil defence organization, and the services of the nursing divisions of the Brigade and of other volunteer ladies have been of the greatest value in caring for and helping on their way the Polish and Greek refugees who entered the Territory during the year.

30. *Visit by the Assistant Medical Adviser*.—During April and May, the Assistant Medical Adviser to the Secretary of State, Dr. W. H. Kauntze, visited the Territory and was able to meet all the Provincial Medical Officers with one exception who was on leave, and many other members of the staff, and to hear at first hand of the medical conditions obtaining in the provinces.

COMMUNICABLE DISEASES.—BLOOD INOCULATION GROUP I

31. *Sleeping Sickness*.—There has been a fall in the number of sleeping sickness cases notified (see Appendix (2)) as compared with previous years; 456 cases with 220 deaths have been reported. Concentration measures undertaken in the Mahenge area of the Ulanga District have made most satisfactory progress. A certain increase of cases has occurred in the Masasi and Tunduru districts of the Southern Province, where small foci provide sources of infection in which labour travelling to the uninfected fly areas to

the north may acquire sleeping sickness and so spread the disease to distant parts of the country. Notification of cases is still delayed in the inaccessible Liwale District. Sleeping sickness research, financed from a grant from the Colonial Development and Welfare Fund, continued on a very limited scale at Tinde Laboratory with the invaluable help of the Tsetse Research Department. Human trypanosomiasis has now been maintained at the laboratory in antelopes and sheep for some six years, and true cases of sleeping sickness result when human beings are infected by flies which have been fed on the antelopes; but when maintained in sheep* the trypanosomes tend to become less infective to man, though passage through a monkey again restores their virulence. This work is likely to have far-reaching results on our knowledge of the relation of game to the spread of human sleeping sickness, in which further and extended research is imperative.

32. *Malaria*.—The incidence of malaria and blackwater fever was higher than in 1941 (see Appendix (2)) and much more intensive preventive measures against mosquito-borne disease are required in the Territory as soon as staff and materials can again be provided, to reduce the heavy wastage of human life and effort in the community which result from malarial infection.

33. Two Jaluo askaris from the same company of the King's African Rifles at Dar es Salaam, at whose home on the Lake Victoria littoral malaria is known to be prevalent, developed blackwater on the same day and both showed subtertian infections.

34. In Dar es Salaam 3·7 miles of earth and 1·7 miles of concrete invert-drains were laid. Some 47,000 anopheline adults were caught of which 7·9 per cent were males. Some 15,000 females were dissected with infection rates as follows: Lowest (October) 1·38 per cent; highest (June) 4·22 per cent; average 2·68 per cent. Of 4,034 persons examined for malaria parasites 39 per cent showed their presence. At the European hospital 402 cases of malaria were diagnosed microscopically compared with 193 in 1941. Of these only 140 were from military units.

35. An epidemic of fatal malaria occurred in the Western Usambara Mountains into which it has been steadily infiltrating from the Pangani Valley. Cases were readily controlled by totaquina; and the outbreak was observed by the Malaria Specialist, Dr. R. Mackay. The patients were Africans.

36. *Yellow Fever*.—Measures to prevent the introduction and spread of yellow fever have been pursued so far as shortage of controlling staff permits. A Yellow Fever Ordinance was passed in August which provides the legal sanctions for securing adequate control of inter-territorial passenger traffic and for imposing the necessary measures when infection is found to be present. The occurrence of a single case of the disease in the Highlands of Kenya in May shows that we must be ever on the alert for the first sign of the disease and deal with it very thoroughly as soon as it is found. Twenty thousand doses of yellow fever vaccine were issued to twenty stations in the Territory; 2,571 officials were inoculated.

37. We are deeply indebted to the staff of the Rockefeller Foundation at Entebbe for the assistance they have given us in connection with yellow fever questions, for the supply of vaccine without charge, and for help in the

*Recent statistical analysis of the results of this work suggests that there is a definite cycle of infectivity when the strain of trypanosomes is maintained in one species of animal for a number of years.

examination of pathological material at all times. The Senior Pathologist visited the institute at Entebbe in December for consultation with the staff.

38. A visit in September by the Inspecting Officer of Aerodromes (Mr. C. B. Symes) appointed by the Secretary of State especially to advise on measures for the prevention of the introduction of yellow fever by air traffic was very helpful and has provided us with important recommendations.

39. *Aedes simpsoni* which breeds in trees and plants and has now been shown to carry yellow fever in nature, is the second most commonly found breeder in tree holes on the coast, and measures for its control increase the cost of aedes work. In Dar es Salaam, in private compounds, 9,988 trees were inspected and 30 were found to have aedes larvae. In open spaces, 7,475 trees were found to have aedes larvae in 76 and pupae (unspecified) in 24. The house index for mosquito larvae of all kinds was 1.93 and for aedes larvae 1.41. There was an improvement in respect of mosquito breeding on dhows and schooners.

40. *Relapsing Fever*.—The development of numerous fresh tick-borne infections in the recruits' camps at Mwanza necessitated the rebuilding of large numbers of huts, the floors and two feet of the walls of which were treated with a preparation of producer-gas tar, lime and ant-hill. The result has been promising and some inexpensive method is greatly needed in many tick-infested areas. Of 2,619 cases, with 15 deaths, reported, 754 were from the Lake Province.

INTESTINAL AND EXCREMENTAL GROUP II

41. Helminthic infestations are referred to in paragraph 6.

SURFACE INOCULATION AND DROPLET INFECTION GROUP III

42. *Cerebro-spinal Meningitis*.—The incidence of cerebro-spinal meningitis has been high and widely distributed during 1942, no province having escaped: 11,687 cases with 1,719 deaths have occurred, more than four times the number in 1941. The death rate for reported cases is 14.7. The Lake Province was most seriously affected; in it more than half (6,660) of the total cases occurred. Other provinces most seriously affected, in order, were Western, Eastern, Southern and Central.

43. *Smallpox*.—Eighty-seven cases with three deaths were notified in the Southern Province compared with eighty-nine cases with five deaths in 1941. The cases were in Lindi (34) Newala (34), Mikindani (18) and Liwale (1) districts. Two cases and one death were notified from the Southern Highlands Province.

44. *Tuberculosis*.—At Kibongoto Hospital and its chain of dispensaries 1,223 persons were treated during the year, of whom 351 were pulmonary-plus cases, 332 pulmonary-minus, 493 lymphatic, 23 bone and joint, 18 spinal and 6 other. Nearly 6,000 school children were tested by tuberculin which accounts mainly for increases in new cases. Seventy-seven artificial pneumothorax inductions were performed (including eight bilateral) and 3,489 refills given in addition to other methods of collapse therapy. Four hundred and sixty-five new cases as compared with 165 in 1941 were followed up.

45. *Venereal Diseases*.—In July a senior medical officer (Dr. W. A. Young) who had held a specialist appointment as venereologist in the Forces, was released from military service and was specially detailed for a brief preliminary survey of the venereal conditions prevailing in Bukoba, Mwanza and Tabora, and to advise the medical staff on the methods of diagnosis and treatment which have been found most effective in dealing with members of the East African Forces. This serious problem needs a definite plan of action ready to implement when the men now on service return to their homes at the end of the war.

46. *Anthrax*.—Seventeen (three fatal) cases occurred in Dar es Salaam. All the cases came from the hide trade. Fifty-two other cases (four fatal) were reported from five provinces.

47. *Leprosy*.—Marked progress, under the supervision of Mr. W. A. Lambert, a lay worker sent out by the British Empire Leprosy Relief Association, has been made in the reorganization of the Mwakete Settlement at Tukuyu. There are 905 patients, systematic treatment and records have been instituted, 2,400 acres are under cultivation, fruit trees have been planted in large numbers, nurseries of *hydnocarpus* and oil palm established. There are 440 head of cattle, goats and pigs, and numerous industries and handicrafts have been introduced. A new dispensary was built, all by patients with one exception who was the husband of a patient, of burnt brick and sawn timber. Ten miles of roads are maintained. A school with 40 pupils has been opened. The close interest taken by the Administration and Native Authorities have been of the greatest help, and Mr. Lambert's hard three years' work is now bearing fruit.

48. It was decided after full examination of the agricultural conditions obtaining, not to proceed with the development on a large scale of the second leprosy settlement at Makutupora in the Dodoma District.

49. The loyal and tireless work of the staff of the department throughout a difficult year deserves the highest praise, and is only briefly summarized in the above report.

Dar es Salaam,
12th April 1943

R. R. SCOTT,
Director of Medical Services

APPENDIX

(1) GENERAL DISEASES.—See Table A.

The relative proportions of the different groups remained similar to those of 1940 and 1941. There was a slight increase in the diseases of the circulatory system which may be due to the careful inspection of recruits which is carried out.

(2) COMMUNICABLE DISEASES.

Recorded cases of infectious and parasitic diseases numbered 302,544 (35·6 per cent of all cases) and accounted for 45 per cent of the deaths in Government institutions. They include—

<i>Blood Inoculation Group :</i>					Cases	Deaths	
Malaria ... ..	...	...	...	...	82,706	108	See paragraph 32
Blackwater fever ... ..	...	...	...	...	108	21	
Relapsing fever (tick-borne) ... ..	...	...	...	...	2,619	15	„ „ 40
Trypanosomiasis ... ..	...	...	...	...	456	220	„ „ 31
<i>Intestinal and Excremental Group :</i>							
Dysentery ... ..	...	...	...	...	3,170	47	(594 Amoebic, 278 Bacillary)
Enteric fever ... ..	...	...	...	...	88	16	
Paratyphoid fever ... ..	...	...	...	...	13	—	
Ankylostomiasis ... ..	...	...	...	...	20,167	104	
Schistosomiasis ... ..	...	...	...	...	11,272	1	
<i>Surface Inoculation and Droplet Infection Group :</i>							
Cerebro-spinal meningitis ... ..	...	...	...	...	11,687	1,719	See paragraph 42
Tuberculosis :							
Pulmonary ... ..	...	...	...	...	3,101	71	„ „ 44
Non-pulmonary ... ..	...	...	...	...	1,278	13	
Smallpox ... ..	...	...	...	...	90	4	„ „ 43
Yaws ... ..	...	...	...	...	72,563	3	(Diagnosis liable to be confused with syphilis)
Syphilis { primary 12,055 } { secondary 10,968 }	...	...	...	...	38,062	14	See paragraph 45
Gonorrhoea ... ..	...	...	...	...	18,175	1	

(3) STATISTICAL INFORMATION.

(a) Estimated population (no census taken since 1931):—

European 6,238 ; Asian 33,774 ; African 5,192,127.

Evacuees and Refugees in the Territory on 31st December 1942, not included above:

Italians ...	2,978
Poles ...	4,988
Greeks ...	444

Total ... 8,410

(b) Total births and birth rates: Not known.

(c) Total deaths and death rates: Not known.

(d) Infantile mortality: Not known; see paragraph 12.

(e) See Table A.

(4) SPECIAL SUMMARIES.

(a) New Legislation:—

(i) The Yellow Fever Ordinance, No. 15 of 1942.

(ii) The Mental Hospitals (Establishment) Orders, 1942, Government Notices Nos. 45 and 383.

(iii) The Defence (Cinchona Bark) Order, 1942, Government Notice No. 421 of the 3rd November 1942.

(b) Maternity and Child Welfare: Total confinements in clinics 3,447*

(c) (i) Work done at Hospitals and Dispensaries:—

General and Infectious Diseases Hospitals and Dispensaries

					Government Hospitals (60)		Tribal Dispensaries (332)	
					In-patients	Out-patients	Totals	
1941	...	45,127	...	863,432	...	†908,559	...	1,112,640
1942	...	51,852	...	870,838	...	922,690	...	1,195,890

Under "Out-patients" first attendances only are recorded.

*The figures in 1941 Report were shown in error as 7,665 ; they should read 3,358.

†This figure includes patients seen at some medical units (other than tribal dispensaries) not in charge of medical practitioners and which do not render classified returns of diseases. It is therefore higher than the total shown in Table A.

Mental Hospitals

Patients:						Dodoma		Lutindi		Total
Remaining from 1941	...	...	...	...	...	158	...	128	...	286
Admitted	...	...	...	...	...	51	...	26	...	77
Discharged	...	...	...	...	...	29	...	9	...	38
Died	...	...	...	...	...	13	(9 in 1941)	26	(12 in 1941)	39
Escaped	...	...	...	...	...	2	...	—	...	2
Remaining on 31st December 1942	...	...	...	...	...	165	...	119	...	284
Patients remaining in Prisons on 31st December 1942:										
Under observation	...	...	...	...	...	—	...	—	...	9
Certified	...	...	...	...	...	—	...	—	...	7

Dental Patients Treated

	Officials		Africans		H.M. Forces		Enemy Aliens and Refugees		Total
Dar es Salaam, by Senior									
Dental Surgeon	...	2,787	...	1,372	...	306	...	22	4,487
Tanga, by Dental									
Surgeon	...	391	...	413	...	64	...	—	868
On safari, by									
Dental Surgeon	...	604	...	—	...	18	...	—	622
Total	...	3,782	...	1,785	...	388	...	22	5,977

(ii) There are no separate venereal disease clinics; the number of cases of venereal diseases treated is given under "Communicable Diseases", and shows an increase of 5,000 cases of gonorrhoea and syphilis.

(iii) For Mental Hospitals see paragraph 11 and above (4) (c) i.

(iv) Laboratories:—

(1) Pathological section (includes Central Laboratory and Sewa Haji Clinical Laboratory at Dar es Salaam and branch laboratories at the Mpwapwa Lymph Institute and Tanga only). Specimens examined 85,921.

(2) Vaccine Lymph Institute, Mpwapwa.—Calves vaccinated, 45. Total pulp in grammes, 1184·0; average yield per calf, 26·3 grammes.

3) Chemical Unit.—2,024 samples were examined. See paragraph 26.

TABLE A.—DISEASES AND DEATHS BY GROUPS (GOVERNMENT INSTITUTIONS ONLY), 1942.
(CLASSIFIED IN ACCORDANCE WITH MANUAL OF INTERNATIONAL LIST OF CAUSES OF DEATH, 1931 EDITION)

	Cases		Deaths		Percentage of group to total cases			Percentage of deaths to total deaths		
	1941	1942	1941	1942	1940	1941	1942	1940	1941	1942
I.—Infectious and Parasitic Diseases:										
(a) Blood Inoculation Group ...	—	86,605	—	216	—	—	10.30	—	—	8.90
(b) Intestinal and Excremental Group ...	—	65,313	—	228	—	—	7.76	—	—	9.40
(c) Surface Inoculation and Droplet Infection Group ...	—	147,751	—	631	—	—	17.56	—	—	25.99
(d) Other Protozoal and Infectious Diseases	—	2,875	—	34	—	—	0.34	—	—	1.37
Total ...	294,126	302,544	663	1,109	35.91	35.48	35.96	36.12	37.04	45.66
II.—Cancer and other Tumours	676	695	51	57	0.07	0.08	0.08	2.90	2.85	2.34
III.—Rheumatism, Diseases of Nutrition and of Endocrine Glands and other General Diseases	10,732	11,831	15	14	1.38	1.30	1.41	1.65	0.84	0.58
IV.—Diseases of the Blood and Blood-forming Organs	6,734	6,946	18	34	0.75	0.81	0.83	1.45	1.01	1.40
V.—Chronic Poisoning	97	104	—	1	0.01	0.01	0.01	0.13	—	.04
VI.—Diseases of the Nervous and Sense Organs	72,601	69,405	56	68	8.59	8.76	8.25	3.16	3.13	2.80
VII.—Diseases of the Circulatory System	3,185	3,483	45	39	0.36	0.38	0.41	2.11	2.51	1.61
VIII.—Diseases of the Respiratory System	91,087	97,966	304	367	11.77	10.99	11.65	17.14	16.98	15.11
IX.—Diseases of the Digestive System	126,249	129,453	191	216	16.01	15.23	15.39	10.48	10.67	8.89
X.—Non-Venereal Diseases of the Genito-urinary System and Annexa	7,548	8,215	79	71	0.90	0.91	0.98	3.10	4.41	2.92
XI.—Diseases of Pregnancy, Child birth and the Puerperal State	2,060	2,305	59	53	0.18	0.25	0.27	3.36	3.30	2.18
XII.—Diseases of the Skin, Cellular Tissue, Bones and Organs of Locomotion	154,734	155,464	69	82	17.34	18.67	18.48	4.42	3.85	3.38
XIII.—Congenital Malformation and Diseases of Early Infancy	344	236	12	18	0.03	0.04	0.03	1.00	0.67	0.74
XIV.—Old Age	410	457	22	44	0.06	0.05	0.06	0.92	1.23	1.81
XV.—Affections produced by External Causes	50,770	47,114	172	231	6.24	6.13	5.60	9.36	9.61	9.51
XVI.—Ill-defined Diseases	7,564	5,014	34	25	0.40	0.91	0.59	2.70	1.90	1.03
Total ...	828,917	841,232	1,790	2,429			100.00			100.00

TABLE B.—FINANCIAL

Expenditure :

	£	Approximate Expenditure £
Provision by Central Government—		
Ordinary recurrent, including additional provision by special warrant	216,261	215,905
Special, including additional provision by special warrant	14,318	8,887
Total ...	<u>£230,579</u>	<u>£224,792</u>
Provision by Native Authorities	26,730	19,592
From Colonial Development Fund "Sleeping Sick- ness Research"	1,668	1,627
Total ...	<u>£258,977</u>	<u>£246,011</u>

Revenue :

By hospital, laboratory and other fees	16,850
By dental fees	960
By reimbursement by Tanganyika Railways for medical services ...	3,000
Total ...	<u>£20,810</u>

